Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Llanfyllin Medical Centre,

Powys Teaching Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Llanfyllin Medical Centre, Powys Teaching Health Board on 10 March 2026.

Our team for the inspection comprised of one HIW Healthcare Inspector, a general practitioner, a practice nurse reviewer and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector. We did not review the dispensary services as part of the inspection.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 58 questionnaires were completed by patients or their carers and 21 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found staff at Llanfyllin Medical Centre were committed to providing a positive experience for patients and were treating them with kindness and professionalism. Measures to ensure privacy included closed consulting room doors and privacy curtains. Despite these efforts, just under half of the survey respondents felt they could not talk to reception staff without being overheard.

The patient feedback in our survey was mixed across various areas, with most respondents rating the service as very good or good. Patients expressed satisfaction with the helpfulness and responsiveness of staff, while noting challenges in booking some appointments. Staff's helpfulness and friendliness were also highlighted.

Health promotion was evident with patients being encouraged to manage their own health through advice provided both verbally, via leaflets and on the practice website. The practice provided various services and clinics, and patients with internet access could find information on health conditions and practice details online.

Timely care was addressed, with policies in place for accessing services and information available through various channels. Patients could make appointments by phone, in person or book an appointment online, and housebound patients could request home visits. Most respondents were satisfied with the practice's opening hours and knew how to access out-of-hours services. However, fewer than half were offered options for appointment types.

Good communication and language services were in place, with Welsh speaking staff identifying themselves using the Iaith Gwaith badge. Translation services and a hearing loop were available to assist patients with communication needs.

There were ample car parking facilities available, and access to the main entrance was good. All clinical facilities were located on the ground floor.

This is what the service did well:

- Staff at the practice treated patients with dignity and respect, and we saw measures were taken to protect their privacy
- There was good disabled access to the building. Wheelchair users could access all consulting rooms, the reception, waiting area and toilet facilities

- Most patients who provided feedback told us they were given enough time to explain their healthcare needs, and the GP had explained things clearly.

Delivery of Safe and Effective Care

Overall summary:
We found a staff team who were very patient centred and committed to delivering a quality service.

Measures were in place to ensure the safety and wellbeing of staff and visitors. The premises were well-maintained, free from hazards, and equipped with serviced equipment. Current risk assessments included fire, environment, and health and safety.

Infection prevention and control (IPC) measures were in place, including and IPC Policy. Cleaning schedules were followed, and personal protective equipment and hand sanitisers were readily available. Measures were in place to prevent and address sharps injuries, and health screening checks for clinical staff were in place. Staff had completed mandatory IPC training.

Safeguarding policies and procedures were present. We saw evidence that all staff had completed safeguarding training, and they knew how to recognise safeguarding concerns.

Medical devices and equipment were regularly tested, and single-use medical equipment was used as appropriate.

Basic life support training was provided to staff, and emergency drugs and equipment were securely stored and regularly checked.

The sample of patient records we reviewed were of excellent standard, secure, clear, and legible, reflecting contemporary documentation and valid consent.

Processes were in place to promote safe and effective care, with good examples of illness management and patient-centred decision-making. Systems for reporting and learning from significant events were appropriate, and clinical staff stay updated with new evidence-based practices and NICE guidance.

This is what we recommend the service can improve:

- Staff to receive training on the use of portable oxygen cylinders
- Record room temperature where medicines are stored.

This is what the service did well:

- The practice premises was visibly well maintained, clean and free from obvious hazards

- Effective arrangements were described and demonstrated in relation to safeguarding
- We saw an effective records management system and the patient records we reviewed were clear, legible and of good quality.

Quality of Management and Leadership

Overall summary:
We found staff provided good leadership, and there were clear lines of accountability. A strong ethos and positive culture were present, and staff aimed to provide a high standard of patient care.

Our online staff survey received 21 responses, and the feedback was positive, with staff expressing satisfaction with patient care quality and safety. Most staff felt involved in decision-making processes and were comfortable suggesting improvements.

The practice appeared to be well-managed by a committed and dedicated practice manager. Staff found the management team approachable and thorough in addressing issues.

Whilst training opportunities were available, annual appraisals were noted as missing and needed completing regularly. Recruitment policies were in place with mandatory and role-specific training completed, evidenced in a staff training matrix.

Patient feedback was actively sought through questionnaires, and feedback was used to improve services. The practice had a Duty of Candour policy, with all staff trained and aware of their responsibilities.

Information governance and digital technology arrangements were adequate, ensuring patient confidentiality and compliance with General Data Protection Regulations (GDPR) 2018.

All staff had a current Disclosure and Barring Service (DBS) certificate in place.

Staff engaged in quality improvement activities, developing innovative care delivery methods and participating in cluster-wide projects. The practice collaborated well within the GP cluster, with strong engagement and effective joint efforts. The clinical team were knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

This is what we recommend the service can improve:

- All staff to receive an annual appraisal.

This is what the service did well:

- We witnessed all staff, clinical and non-clinical, working very well together as part of a team
- Good staff induction process in place
- Practice managed by a committed and dedicated practice manager
- Regular clinical meetings.

3. What we found

Quality of Patient Experience

Patient feedback

The 58 responses to the patient survey were mixed across all areas. Most respondents rated the service as very good or good.

We received several patient comments through the survey, and these are reflected throughout the report. Some comments included:

Patient comments included:

> *"I decided to answer this survey on behalf my dad, but actually, myself, husband and mum also use this practice. We hear stories about the difficulties that other people experience with other practices and we feel so lucky that we have this practice that is absolutely outstanding. We feel very lucky to have such a dedicated team."*
>
> *"Phenomenal service! I cannot express to you how amazing this practise is."*
>
> *"I have been with the practice for 18 months now. Everyone is polite, friendly and professional. However, I don't seen to have got much further regarding my long term health issues. Referrals take very long and also it is difficult to get a follow-up appointment to 'book you with that GP'. This is very frustrating."*
>
> *"Thank you to all the staff in the practice for all their hard work & care always."*
>
> *"Currently having health problems and I've been impressed with the care I am receiving. I do think a lot of responsibility is on the nurse practitioners who you most likely get to see."*
>
> *"Practice is continually striving to keep up to date with new developments particularly in ways for patients to contact them and dispensing medication."*
>
> *"Would like a well woman walk in session."*

Person-centred

Health promotion

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice. This was available in the waiting room, on the practice website and verbally by the doctors and nurses during consultations.

No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Written information was displayed in the practice building advising patients of the other services they could access for health advice or treatment.

In our survey, most patients said they had been offered advice on healthy lifestyle, and health promotion and patient information material was displayed.

The practice offered a range of services and clinics, such as those for vaccinations and chronic disease management.

We found patients with internet access could find information about a range of health conditions on the practice's website. Additionally, information relating to practice opening times and out of hours service was available on the practice website and in the practice information leaflet.

Dignified and respectful care

We found staff at the practice treated patients and their representatives with respect and kindness, and we saw staff greeting patients in a professional manner, both face to face and over the telephone.

We saw doors to consulting rooms were closed when patients were being seen by GPs or other healthcare staff, promoting their privacy and dignity. Consulting rooms had privacy curtains that could be used to provide additional privacy when patients were being examined.

The vast majority of patients who answered the survey question told us they had been treated with dignity and respect and measures were taken to protect their privacy. Some patients told us:

> "Staff are always very polite and professional."

> "Supportive environment."

However, under half felt they were unable to talk to reception staff without being overheard. We saw that telephone enquiries were managed from a dedicated non-public office space, ensuring conversations cannot be overheard by patients in the waiting area. Consulting rooms were located away from the waiting area, which helped ensure conversations were not overheard by people in the waiting area.

An up-to-date written policy was in place in relation to the use of chaperones and staff had received the relevant training. The right to request a chaperone was clearly displayed in the waiting room and in each consulting room. We found that chaperone request had been offered and recorded within the sample of patient records we viewed. All respondents who answered the survey question about chaperones said they had been offered one for intimate examinations or procedures.

Timely

Timely care

The practice had a current policy on how patients could access the services provided. Information for patients on how they could access appointments with the GP, or another suitable healthcare professional was available on the practice website, telephone message and in the practice information leaflet.

Most respondents who answered the relevant survey question felt satisfied with the opening hours of the practice. In addition, all but one said they knew how to access out of hours services if needed.

Most respondents who answered said they were able to contact the practice when they needed a same day appointment if urgent and could get routine appointments when they needed one. However, less than half said they were offered the option to choose the type of appointment they preferred and when asked whether their appointment was on time, just over half of patients reported being seen on time. Overall, most patients confirmed they felt able to access the right healthcare at the right time. Some patient provided the following comments around appointment:

> “Extremely difficult to get an appointment, you can be waiting over an hour to be seen.”

> “Service is good when you can get an appointment but getting appointments is very challenging.”

> "A very good surgery, always able to get an appointment when needed with friendly and knowledgeable healthcare."

We were told that patients could book appointments online using Klinik, an online triage and patient-flow management system recently introduced in response to patient feedback to improve access. Patients could also continue to make appointments by phone or in person at the practice. Housebound patients were able to request a home visit from a GP. We were also told that the practice provided services to a local care home and carried out regular visits there.

We were told that all reception staff had undertaken Care Navigation training to support them to direct patients to the most appropriate healthcare professional or service.

Referrals to other specialists were made in a timely fashion by the practice.

Equitable

Communication and language
A practice information leaflet located at the waiting area provided useful information for patients. This included practice contact details and opening times, the services provided, how patients could register, appointment options, how patients could order repeat prescriptions and an overview of the practice team. A range of information was also available on the practice website.

The majority of patients who completed the questionnaire told us their preferred language was English and three told us it was Welsh.

There was a good mix of both clinical and non clinical staff working at the practice who were Welsh speakers, which helped to meet the needs of Welsh speaking patients. We were also told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was not English or Welsh.

The practice had a hearing loop to help staff communicate with patients who were hard of hearing and wore hearing aids.

Rights and equality
The practice had an up-to-date written policy relating to equality and diversity and we saw that all staff had completed this training.

Most patients in our survey felt they were given enough time to explain their healthcare needs, and that the GP had explained things well, had answered their questions, they felt listened to, and were involved in decisions about their healthcare as much as they wanted to be. Some patients told us:

> “The GP's make time to be thorough and listen to your concerns, very thoughtful and not treated like a number, at every visit.”

> “They were very thorough performing an examination, health checks (temperature, blood pressure etc) blood taken which was sent for urgent analysis, urine sample checked.”

> “The GP asked lots of questions about my symptoms, listened carefully and made notes on the computer.”

> “The doctors and all staff are very professional and nothing is too much trouble.”

There was ample car parking available at the practice and access to the main entrance was good. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were all located on the ground floor.

All respondents in the patient survey said the premises was easily accessible. All but two said there were enough seats in the waiting area, and all but one said that the toilets and handwashing facilities suited their needs.

There was an up-to-date written policy on obtaining valid patient consent. Our examination of a sample of patient records confirmed that clinicians were recording when patients gave verbal consent to examination or treatment.

Delivery of Safe and Effective Care

Safe

Risk management
Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

We saw the premises were visibly well maintained both internally and externally. All areas were free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw these had been serviced within the last 12 months. Emergency exits were clearly displayed and a Health and Safety poster was displayed.

We saw a general risk assessment was in place, covering fire, environment and health and safety, which was current and regularly reviewed.

A review of a range of documentation confirmed that all risks, both internally and externally, to staff, visitors and patients had been considered. We were therefore assured that the premises were fit for purpose.

Infection, prevention and control (IPC) and decontamination
There was a detailed infection control policy in place.

Where applicable, all respondents to our patient survey said, in their opinion the premises were ‘very clean’ or ‘clean’. All respondents said that when they received an invasive procedure that staff wore gloves and that the equipment used was individually packaged or sanitised.

Staff had access to personal protective equipment, such as gloves and disposable plastic aprons to reduce cross infection. The areas of the practice that we viewed were visibly very clean.

The designated cupboard for cleaning equipment was well-organised and maintained efficiently. Cleaning schedules and checklists were in place and completed daily.

We found that all consulting rooms had disposable curtains, which could easily be replaced should they become contaminated or dirty.

Hand sanitizers were readily available around the practice. Hand washing and drying facilities were provided in clinical areas and toilet facilities.

Appropriate arrangements were in place to deal with sharps injuries and health screening checks for clinical staff had been undertaken. All staff had completed mandatory IPC training at the required level for their role.

Medicines management
All medications requiring refrigeration were stored appropriately, with fridge temperatures monitored and recorded twice daily in line with best practice. However, non-refrigerated medications were stored in a room where the ambient temperature was not being checked. As these medicines also need to be kept within a controlled room-temperature range to maintain their stability and effectiveness, daily monitoring of this storage room is also required.

The practice should ensure daily monitoring and recording of the room temperature where medication is stored.

Repeat prescriptions could be requested in person via the dispensary team at any surgery, online via Klinik, by post, email or by using the NHS Wales App. It was noted that the practice endeavoured to dispense prescriptions within 72 hours. No telephone repeat prescriptions requests were accepted by the practice for safety reasons.

Safeguarding of children and adults
There were policies and procedures in place to promote and protect the welfare and safety of children and adults who were vulnerable or at risk. The policies contained the contact details for the local safeguarding team.

Staff clearly explained to us how to recognise signs of abuse in vulnerable adults and children. Staff were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The practice held regular multidisciplinary safeguarding meetings, and records reviewed during the inspection showed these meetings were used to discuss vulnerable patients, share information, and coordinate ongoing support.

We saw evidence that all clinical and non-clinical staff had completed training in the safeguarding of children and vulnerable adults.

The practice manager described the pre-employment checks that are undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

Management of medical devices and equipment
We found that portable electrical appliances were being tested on a regular basis, and only single use medical equipment was used where applicable.

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received basic life support (BLS) training. We were informed that all staff received appropriate training on how to use oxygen cylinders as part of the annual CPR training. In addition to the annual CPR training, we also recommend that staff should complete the BOC Oxygen Cylinder training.

The practice should arrange for all staff to receive BOC Oxygen Cylinder training.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

Effective

Effective care
There were suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the electronic Datix system for reporting incidents.

Patient records
We reviewed the care records of 10 patients and saw that an effective records management system was in place. Records were securely stored to prevent unauthorised access.

The records we reviewed were clear, legible and of notable quality. From the records, it was clear who was documenting in the records, the date and details of consultation or treatment. Records were completed contemporaneously. They also evidenced that valid consent is obtained, where appropriate.

The records also reflected known patient allergies, and adverse reactions to medications were also highlighted.

Efficient

Efficient

Processes were in place to promote safe and effective care. We found good examples of acute and chronic illness management, and a clear narrative with evidence of patient centred decision making. One patient told us:

> *"There have been several occasions during which doctors and nurses have gone above and beyond the basic requirements e.g. additional appointments, follow up phone calls."*

Staff described appropriate systems for reporting and learning from significant events.

Clinical staff confirmed that a comprehensive process was in place to receive and share new evidence-based practice and updated or new National Institute for Health and Care Excellence (NICE) guidance.

Quality of Management and Leadership

Staff feedback

We invited practice staff to complete an online survey to gather their views on working at the practice. In total, we received 21 responses, although some respondents chose to skip certain questions.

Overall, the survey results were positive. Staff reported being satisfied with the quality of care provided to patients and said they would be happy for their own friends and family to receive care at the practice. All respondents agreed that patient care was the practice's top priority and that appropriate measures were in place to keep both staff and patients safe.

Most staff felt able to make suggestions to improve GP services and believed they were involved in decision making around changes that might affect their work. Staff comments included:

> *"I think we all work exceptionally well together under stressful circumstances. We have a good management team that are very supportive.*
>
> *"This is a fantastic place to work, the partners really care about patients and staff like I haven't seen elsewhere. I feel very valued as a member of staff and so as for myself and other staff members, it makes us want to go the extra mile when needed.*
>
> *"We have a cohesive Team who work very effectively together."*
>
> *"I am very proud to work for Llanfyllin Group Practice, the level of care provided to our patients is second to none and our team work relentlessly to provide timely and appropriate care, from reception, to dispensary, to the clinical team."*
>
> *"Patients are at the heart of everything we do."*

Leadership

Governance and leadership
The practice serves approximately 12,000 patients across the rural communities of North Powys. Since the loss of local pharmacy provision in 2025, it now dispenses

medication to over 90% of its population. It is also a training site for medical students, GP registrars, and pharmacy interns.

The practice provides an extensive range of clinical services, including same-day acute care, minor injury management, and locally delivered diagnostic testing. It has developed several enhanced services, such as cardiology monitoring, specialist dermatology clinics, and a long-established proactive frailty model supported by a multidisciplinary team. The practice has built a broad, multi-skilled workforce designed to meet the complex needs of its remote population.

We found that the practice manager, who is also a Managing Partner, demonstrated strong leadership, was highly motivated, showed clear dedication to the role. Staff told us the practice manager and other partners were approachable and supportive. They also felt able to raise concerns and were confident that issues would be addressed in a comprehensive and thorough manner.

We observed a patient-centred staff team who were committed to providing the best service possible. Staff were respectful, courteous, and positive about their working environment, and reported feeling well supported by colleagues.

Staff were clear and knowledgeable about their roles and responsibilities and were committed to delivering a high standard of care. This was supported by a comprehensive suite of policies and procedures, all of which included issue and review dates to ensure they remained current.

We saw that practice partners attended daily huddle meetings where issues or concerns could be discussed. We were also told that the management team and clinical staff attended monthly clinical management meetings, and we reviewed a sample of minutes from these meetings.

Overall, we found staff to be proactive, knowledgeable, and professional. They demonstrated a clear understanding of how to access advice and guidance when required.

Workforce

Skilled and enabled workforce

The practice had an established reception and administration team in place. Staff we spoke with said they were very proud and happy to work at the practice. In addition, our discussions indicated that staff had the right skills and knowledge to fulfil their identified roles within the practice. Staff also felt they had opportunities to attend relevant training. However, we found that staff were due their annual appraisal.

The practice must ensure all staff working at the practice receive an annual appraisal.

We found formal recruitment policies and procedures in place, and information we saw within staff files demonstrated that staff had completed mandatory training and other training relevant to their roles.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. We also found that the NHS Wales Putting Things Right process was displayed and available to all patients in the waiting area. Details were also included within the practice information leaflet and practice website.

We discussed the mechanism for actively seeking patient feedback, which was done by issuing questionnaires to patients in the waiting area. Patients were also able to give feedback via social media.

We saw the practice had a Duty of Candour policy in place, which contained details of staff roles and responsibilities as recommended by The Duty of Candour Statutory Guidance (2023). All staff we spoke with said they knew and understood their responsibilities under the Duty of Candour. We saw that all staff had received Duty of Candour training.

Information

Information governance and digital technology

Suitable communication systems were in place to support the operation of the practice.

Adequate arrangements were in place for maintaining patient confidentiality, and adherence to Information Governance and the General Data Protection Regulations (GDPR) 2018.

Learning, improvement and research

Quality improvement activities

We found that staff were actively engaged in quality improvement, developing and implementing innovative approaches to delivering care, including participation in cluster-wide projects. Partners met regularly to discuss innovation and service development. A range of clinical and non-clinical audits were undertaken, such as

patient record audits, IPC, waste management, practice development and cleaning audits. We also noted that the Non-Medical Prescribing (NMP) Forum meets quarterly to review prescribing practice and undertake audit activity. However, we recommended that it would be beneficial for prescribers to audit each other's prescribing, and the practice manager agreed to incorporate this into the planned audit programme.

Whole-systems approach

Partnership working and development
We found evidence of partnership working in the practice's collaboration within the GP cluster. Staff attended cluster meetings and provided services on a cluster wide basis.

We were informed that the engagement with the cluster group was very good, and practices worked well together.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Llanfyllin Medical Centre

Date of inspection: 10 March 2026

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate improvements were identified on this inspection.					
2.						
3.						
4.						

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role: **Date:**

Appendix C - Improvement plan

Service: Llanfyllin Medical Centre

Date of inspection: 10 March 2026

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We found that the medication room temperature was not being monitored. Medications can become unsafe or ineffective if stored outside recommended temperatures.	The practice should ensure daily monitoring and recording of the room temperature where medication is stored.	Quality Standard Safe Care	The practice implemented dispensary room temperature monitoring and recording across all sites within a week of the inspection.	Tony Hewett Pharmacist Partner	Commended w/c 16th March 2026
2.	We found that staff were required to undertake BOC Oxygen Cylinder training as Oxygen is a medical gas that poses safety risks if handled incorrectly.	The practice should arrange for all staff to receive BOC Oxygen Cylinder training.	Quality Standard Safe Care	The practice has sourced BOC Oxygen Cylinder training for all staff at the practice and distributed links for completion.	Juliet Sagar Managing Partner	Deadline date for all staff to have completed this training is 29/5/2026

3.	We found that all staff appraisals were due to ensure staff remain competent.	The practice must ensure all staff working at the practice receive an annual appraisal.	Quality Standard Workforce			Deadline date for all outstanding staff appraisals to be completed is 29/5/2026

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: *Juliet Sagar*

Name (print): Juliet Sagar

Job role: Managing Partner **Date:28th April 2026**